

## TRAFFIC COLLISION REPORT

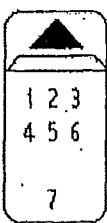
CHP 555 CARS Page 1 (Rev 1-03) OPI 061

SPECIAL CONDITIONS		NUMBER INJURED 1	NOT A RUN FELLOW	CITY SAN FRANCISCO	JUDICIAL DISTRICT SF SUPERIOR		LOCAL REPORT NUMBER 140236997			
		NUMBER KILLED 0	NOT A RUN MAJOR/ANOR	COUNTY SAN FRANCISCO	REPORTING DISTRICT NORTHERN		BEAT 4K3A			
LOCATION	COLLISION OCCURRED ON WEBSTER ST				MO 3/20/14	DAY 1522	YEAR TIME (2400)	NSIC # 3801	OFFICER I.D. 1420	
	MILEPOST INFORMATION				DAY OF WTK THURSDAY	TOW AWAY YES X NO	PHOTOGRAPHS BY: X NONE			
	X AT INTERSECTION WITH OR MCALLISTER ST				STATE HWY REL YES X NO					
PARTY 1	DRIVER'S LICENSE NUMBER		STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP. G	VEH. YEAR 2010	MAKE / MODEL / COLOR FORD 350 WHI	LICENSE NUMBER [REDACTED]	STATE CA
DRIVER	NAME (FIRST, MIDDLE, LAST) [REDACTED]				OWNER'S NAME [REDACTED]		SAME AS DRIVER			
PEDESTRIAN	STREET ADDRESS [REDACTED]				OWNER'S ADDRESS [REDACTED]		SAME AS DRIVER			
PARKED VEHICLE	CITY / STATE / ZIP SAN JOSE CA [REDACTED]				DISPOSITION OF VEHICLE ON ORDERS OF: X OFFICER DRIVER OTHER		SOUTH SAN FRANCISCO CA [REDACTED]			
BIOY-CLIST	SEX M	HAIR BLK	EYES BRN	HEIGHT 5-08	WEIGHT 200	BIRTHDATE Mo Day Year [REDACTED]	RACE A	PRIOR MECH. DEFECTS X NONE APP. REFER TO NARRATIVE		
OTHER	HOME PHONE		BUSINESS PHONE		CELL [REDACTED]		VEHICLE IDENTIFICATION NUMBER: [REDACTED]			
INSURANCE CARRIER UNKNOWN		POLICY NUMBER				VEHICLE TYPE 08		DESCRIBE VEHICLE DAMAGE UNK NONE X MINOR MOD MAJOR ROLL-OVER		SHADE IN DAMAGED AREA 
DIR OF TRAVEL S		ON STREET OR HIGHWAY WEBSTER ST			SPEED LIMIT 25		DOT [REDACTED]		TOP/PSO [REDACTED]	
PARTY 2	DRIVER'S LICENSE NUMBER		STATE CA	CLASS M	AIR BAG P	SAFETY EQUIP. A	VEH. YEAR 2007	MAKE / MODEL / COLOR YAM VIRAGO MAR	LICENSE NUMBER [REDACTED]	STATE CA
DRIVER	NAME (FIRST, MIDDLE, LAST) [REDACTED]				OWNER'S NAME [REDACTED]		X SAME AS DRIVER			
PEDESTRIAN	STREET ADDRESS [REDACTED]				OWNER'S ADDRESS [REDACTED]		X SAME AS DRIVER			
PARKED VEHICLE	CITY / STATE / ZIP SAN FRANCISCO				DISPOSITION OF VEHICLE ON ORDERS OF: X OFFICER DRIVER OTHER		AUTO RETURN			
BIOY-CLIST	SEX M	HAIR BLK	EYES BRN	HEIGHT 5-10	WEIGHT 156	BIRTHDATE Mo Day Year [REDACTED]	RACE A	PRIOR MECHANICAL DEFECTS X NONE APP. REFER TO NARRATIVE		
OTHER	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER: [REDACTED]					
INSURANCE CARRIER UNKNOWN		POLICY NUMBER				VEHICLE TYPE 02		DESCRIBE VEHICLE DAMAGE UNK NONE X MINOR MOD MAJOR ROLL-OVER		SHADE IN DAMAGED AREA 
DIR OF TRAVEL W		ON STREET OR HIGHWAY MCALLISTER ST			SPEED LIMIT 25		DOT [REDACTED]		TOP/PSO [REDACTED]	
PARTY 3	DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE
DRIVER	NAME (FIRST, MIDDLE, LAST) [REDACTED]				OWNER'S NAME [REDACTED]		SAME AS DRIVER			
PEDESTRIAN	STREET ADDRESS [REDACTED]				OWNER'S ADDRESS [REDACTED]		SAME AS DRIVER			
PARKED VEHICLE	CITY / STATE / ZIP [REDACTED]				DISPOSITION OF VEHICLE ON ORDERS OF: OFFICER DRIVER OTHER					
BIOY-CLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo Day Year	RACE	PRIOR MECHANICAL DEFECTS NONE APP. REFER TO NARRATIVE		
OTHER	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER: [REDACTED]					
INSURANCE CARRIER		POLICY NUMBER				VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE UNK NONE MINOR MOD MAJOR ROLL-OVER		SHADE IN DAMAGED AREA
DIR OF TRAVEL		ON STREET OR HIGHWAY			SPEED LIMIT		DOT		TOP/PSO	
PREPARER'S NAME		DISPATCH NOTIFIED				REVIEWER'S NAME		DATE REVIEWED		



DATE OF COLLISION (MO. DAY YEAR) 3/20/14	TIME(2400) 1522	NCIC # 3801	OFFICER LO 1420	NUMBER 140236997
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PROPERTY DAMAGE	OWNER DESCRIPTION OF DAMAGE	OWNER ADDRESS	NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>SEATING POSITION</b>  1 - DRIVER 2 TO 6 - PASSENGERS 7 - STA. WGN REAR 8 - RR. OCC TRK. OR VAN 9 - POSITION UNKNOWN 0 - OTHER	<b>OCCUPANTS</b> A - NONE IN VEHICLE B - UNKNOWN C - LAP BELT USED D - LAP BELT NOT USED E - SHOULDER HARNESS USED F - SHOULDER HARNESS NOT USED G - LAP/SHOULDER HARNESS USED H - LAP/SHOULDER HARNESS NOT USED J - PASSIVE RESTRAINT USED K - PASSIVE RESTRAINT NOT USED	<b>SAFETY EQUIPMENT</b> L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED  <b>CHILD RESTRAINT</b> Q - IN VEHICLE USED R - IN VEHICLE NOT USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE IN VEHICLE	<b>WC BICYCLE - HELMET</b> DRIVER PASSENGER V - NO X - NO W - YES Y - YES  <b>EJECTED FROM VEHICLE</b> 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN	<b>INATTENTION CODES</b> A - CELL PHONE HANDHELD B - CELL PHONE HANDSFREE C - ELECTRONIC EQUIPMENT D - RADIO / CD E - SMOKING F - EATING G - CHILDREN H - ANIMALS I - PERSONNEL HYGIENE J - READING K - OTHER
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ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (\*) SHOULD BE EXPLAINED IN THE NARRATIVE.

PRIMARY COLLISION FACTOR LIST NUMBER (1) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	1	2	3	SPECIAL INFORMATION	1	2	3	MOVEMENT PRECEDING COLLISION
1 A VC SECTION VIOLATED: CITED: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 21489(A)	A CONTROLS FUNCTIONING				A HAZARDOUS MATERIAL				A STOPPED
B OTHER IMPROPER DRIVING*	B CONTROLS NOT FUNCTIONING*				B CELL PHONE HANDHELD IN USE	X	X		B PROCEEDING STRAIGHT
C OTHER THAN DRIVER*	C CONTROLS OBSCURED				C CELL PHONE HANDSFREE IN USE				C RAN OFF ROAD
D UNKNOWN*	D NO CONTROLS PRESENT / FACTOR*	X	X		D CELL PHONE NOT IN USE				D MAKING RIGHT TURN
	TYPE OF COLLISION				E SCHOOL BUS RELATED				E MAKING LEFT TURN
	A HEAD - ON				F 75 FT MOTORTRUCK COMBO				F MAKING U TURN
	B SIDE SWIPE				G 32 FT TRAILER COMBO				G BACKING
	C REAR END				H OTHER*				H SLOWING / STOPPING
WEATHER (MARK 1 TO 2 ITEMS)	D BROADSIDE				I OTHER*				I PASSING OTHER VEHICLE
X A CLEAR	E HIT OBJECT				J OTHER*				J CHANGING LANES
B CLOUDY	F OVERTURNED				K OTHER*				K PARKING MANEUVER
C RAINING	G VEHICLE / PEDESTRIAN				L OTHER*				L ENTERING TRAFFIC
D SNOWING	H OTHER*				M OTHER*				M OTHER UNSAFE TURNING
E FOG / VISIBILITY FT.					N OTHER*				N XING INTO OPPOSING LANE
F OTHER*	MOTOR VEHICLE INVOLVED WITH				O OTHER*				O PARKED
G WIND	A NON - COLLISION				P OTHER*				P MERGING
LIGHTING	B PEDESTRIAN				Q OTHER*				Q TRAVELING WRONG WAY
X A DAYLIGHT	C OTHER MOTOR VEHICLE	1	2	3	OTHER ASSOCIATED FACTORS (MARK 1 TO 2 ITEMS)				R OTHER*
B DUSK - DAWN	D MOTOR VEHICLE ON OTHER ROADWAY				A VC SECTION VIOLATED CITED: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
C DARK - STREET LIGHTS	E PARKED MOTOR VEHICLE				B VC SECTION VIOLATED CITED: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
D DARK - NO STREET LIGHTS	F TRAIN				C VC SECTION VIOLATED CITED: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
E DARK - STREET LIGHTS NOT FUNCTIONING*	G BICYCLE				D VC SECTION VIOLATED CITED: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
ROADWAY SURFACE	H ANIMAL				E VISION OBSCUREMENT				
X A DRY	I FIXED OBJECT				F INATTENTION*				
B WET	J OTHER OBJECT				G STOP & GO TRAFFIC				
C SNOWY - ICY	PEDESTRIAN'S ACTIONS				H ENTERING / LEAVING RAMP				
D SLIPPERY (MUDDY, OILY, ETC.)	A NO PEDESTRIANS INVOLVED				I PREVIOUS COLLISION				
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)	B CROSSING IN CROSSWALK AT INTERSECTION				J UNFAMILIAR WITH ROAD				
A HOLES, DEEP RUT*	C CROSSING IN CROSSWALK - NOT AT INTERSECTION				K DEFECTIVE VEH. EQUIP.: CITED: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
B LOOSE MATERIAL ON ROADWAY*	D CROSSING - NOT IN CROSSWALK				L UNINVOLVED VEHICLE				
C OBSTRUCTION ON ROADWAY*	E IN ROAD - INCLUDES SHOULDER				M OTHER*				
D CONSTRUCTION - REPAIR ZONE	F NOT IN ROAD	X	X		N NONE APPARENT				
E REDUCED ROADWAY WIDTH	G APPROACHING / LEAVING SCHOOL BUS				O RUNAWAY VEHICLE				
F FLOODED*									
G OTHER*									
X H NO UNUSUAL CONDITIONS									

SKETCH FOR SKETCH DIAGRAM, SEE PAGE 4

INDICATE NORTH

MISCELLANEOUS  
CAD#140792052



## INJURED / WITNESSES / PASSENGERS

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DATE OF COLLISION (MO. DAY YEAR) 3/20/14				TIME(2400) 1522		NCIC # 3801		OFFICER I.D. 1420				NUMBER 140236997						
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ('X' ONE)				INJURED WAS ('X' ONE)					PARTY NUMBER	SEAT POS	AIR BAG	SAFETY EQUIP	EJECTED	
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER						
#		48	M				X	X					2	1	P	A	1	
NAME / D.O.B. / ADDRESS [REDACTED] SAN FRANCISCO CA [REDACTED]																	TELEPHONE [REDACTED]	
(INJURED ONLY) TRANSPORTED BY: MEDIC#78 TREATED BY DOCTOR SHEPHERD																	TAKEN TO: SAN FRANCISCO GENERAL HOSPITAL	
DESCRIBE INJURIES: PAIN TO RIGHT SIDE OF BODY AND BROKEN ANGLE.																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		
X	# 1		36	F														
NAME / D.O.B. / ADDRESS [REDACTED] SAN FRANCISCO CA [REDACTED]																	TELEPHONE [REDACTED]	
(INJURED ONLY) TRANSPORTED BY:																	TAKEN TO:	
DESCRIBE INJURIES:																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		
X	# 2		32	M														
NAME / D.O.B. / ADDRESS [REDACTED] SAN FRANCISCO CA [REDACTED]																	TELEPHONE [REDACTED]	
(INJURED ONLY) TRANSPORTED BY:																	TAKEN TO:	
DESCRIBE INJURIES:																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		
	#	X	48	M									1	3	M	G	0	
NAME / D.O.B. / ADDRESS [REDACTED] SAN PABLO CA [REDACTED]																	TELEPHONE [REDACTED]	
(INJURED ONLY) TRANSPORTED BY:																	TAKEN TO:	
DESCRIBE INJURIES:																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		
	#																	
NAME / D.O.B. / ADDRESS [REDACTED]																	TELEPHONE [REDACTED]	
(INJURED ONLY) TRANSPORTED BY:																	TAKEN TO:	
DESCRIBE INJURIES:																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		
	#																	
NAME / D.O.B. / ADDRESS [REDACTED]																	TELEPHONE [REDACTED]	
(INJURED ONLY) TRANSPORTED BY:																	TAKEN TO:	
DESCRIBE INJURIES:																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		

PREPARED BY: [REDACTED] I.D. NUMBER: [REDACTED] MO. DAY YEAR: [REDACTED] REVIEWER'S NAME: [REDACTED] MO. DAY YEAR: [REDACTED]



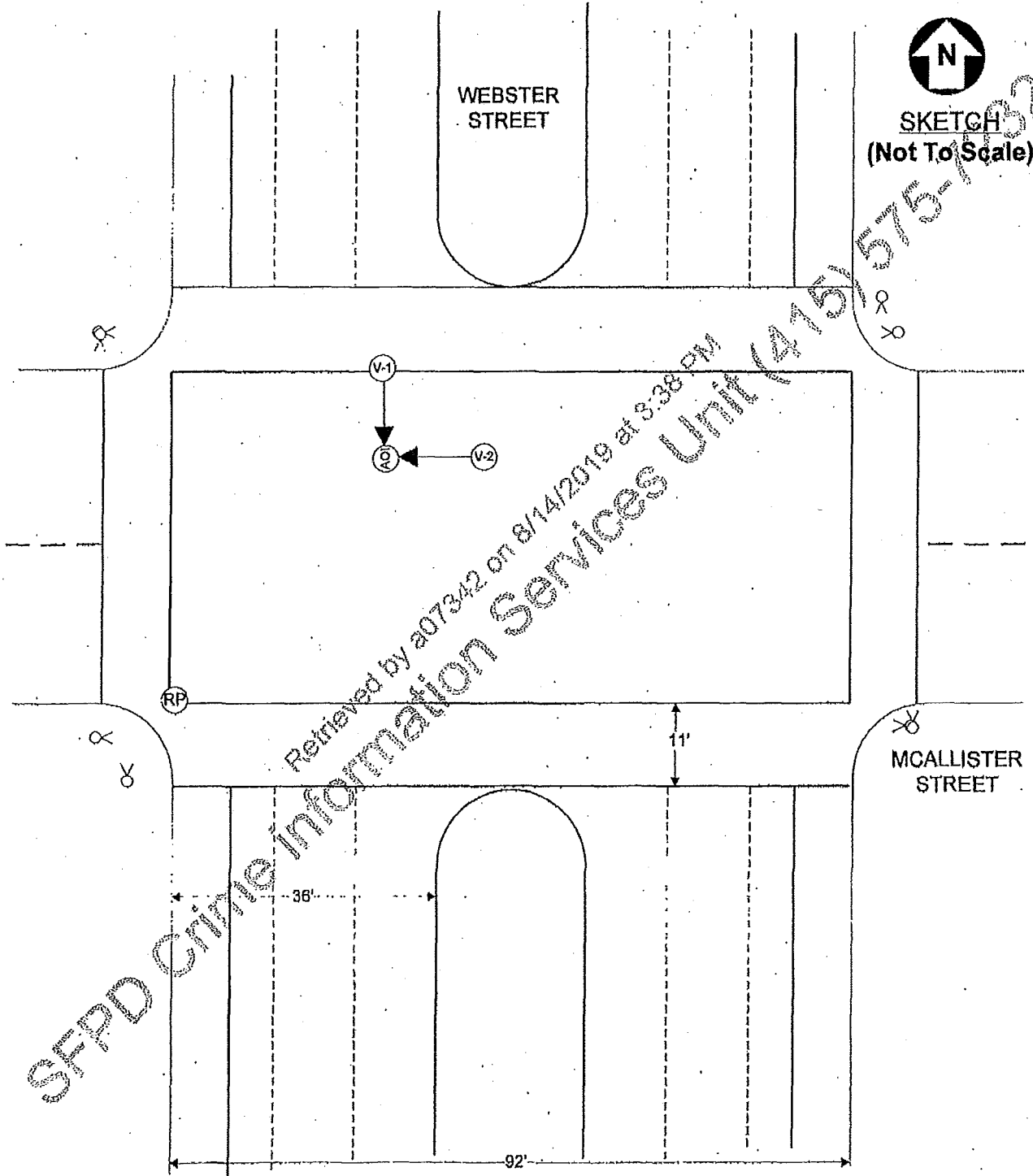
STATE OF CALIFORNIA  
**SKETCH DIAGRAM**

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DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
03/20/2014	1522	3801	1420	140236997

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE= )



PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
M. White	1639	03/20/2014	SGT HARRELL#918	03/20/2014





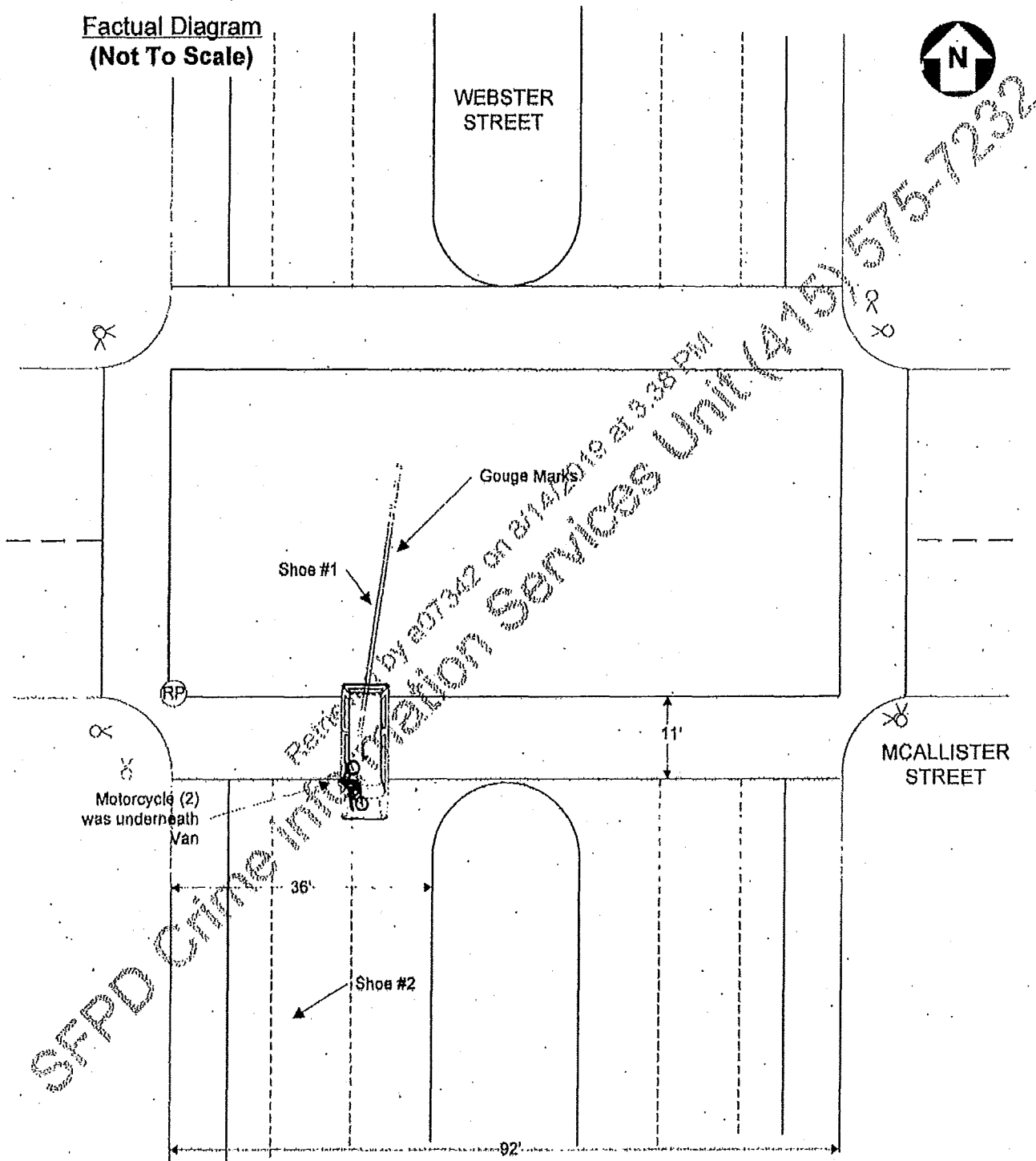
STATE OF CALIFORNIA  
**FACTUAL DIAGRAM**

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DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE=)

Factual Diagram  
(Not To Scale)

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
M. White	1639	03/20/2014	SGT HARRELL#918	03/20/2014



STATE OF CALIFORNIA

**NARRATIVE/SUPPLEMENTAL**

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DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
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All times, speeds and measurements are approximate, diagram is not to scale.)

(All measurements are taken by Roll-a-Tape unless otherwise stated.)

**4 Collision Narrative:**

Veh #1 S/B on Webster st with front end contacted the right side of Veh #2 W/B on McAllister st.

**7 Collision Facts:**

3E12c Officer Neves#587 and Officer Manfredi#4193 were the initial units on the scene & present upon my arrival.

4K3d Officer White#1639 responded to the scene to take measurements and complete the diagram portion of this report.

Opr #1 was on the scene upon my arrival. He identified himself as the driver and his ID was verified by his valid CDL. He was also identified as the driver based on the following: statement.

Opr #2 was transported to MEH prior to my arrival. I responded later to MEH to check on his well being and obtain his statement. He was identified as the driver and his ID was verified by his valid CDL. He was also identified as the driver based on the following: Injuries and RO of the vehicle.

Veh #1&2... were found at rest position as illustrated.

Upon inspecting Veh #1, I saw that it had sustained the following damage: damage front end: paint transfer, scuffs marks and debris.

Upon inspecting Veh #2, I saw that it had sustained the following damage: damage front and back end: paint transfer, scuffs marks and debris.

Wit #1 left the scene prior to my arrival. Her personal info & statement was given to me by Off Neves#587 I contacted Wit #1 later, via phone, to obtain/confirm her statement.

Wit #2 left the scene prior to my arrival. His personal info & statement was given to me by Off Neves#587

Pas #3...was at the scene upon my arrival. He identified himself as the Passenger in Veh#1. He was identified as the passenger based on the following: statement.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
L. J. HENDERSON	1420	03/20/2014	SGT HARRELL#918	03/20/2014



STATE OF CALIFORNIA

**NARRATIVE/SUPPLEMENTAL**

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DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
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- 1 Reference Point, (RP), is the intersecting point of the west curb line/prolongation of the 800 blk of Webster st  
2 with the south curb line/prolongation of the 1000 blk of McAllister st.  
3 AOL is 32' North and 29' East of RP.

4

**5 Tire Friction marks:**

- 6 No tire friction marks ascertainable at this time.

7

**8 Area of Impact:**

- 9 AOI was determined by statements of all involved parties, witnesses, rest position of Veh #1&2..., vehicular damage  
10 location & configuration to Veh #1&2..., paint transfer, scuffs marks, gouge marks, liquid fluid and debris.

11

- 12 **Statements:** All statements not verbatim, summary form & read back to individuals for confirmation

13

- 14 Opr #1... "I was heading towards the freeway the light was green, all of a sudden there this motorcycle on my left, he  
15 came from nowhere. I tried to stop but I hit him".

16

- 17 Opr #2... Unable to get statement due to his medical condition at the hospital.

18

- 19 Wit #1... "I was in the right lane (#2 lane), the Van (Veh #1) was on the left side (#1 lane). I saw the light turn red, I  
20 started slowing down but the Van didn't slow down or stop, I honk my horn so he would stop, but he didn't stop. I saw  
21 the Van hit the motorcycle already in the intersection".

22

- 23 Wit #2... I heard a crash and looked and saw the guy flying in the air. I saw that the light was red for vehicles south  
24 bound on Webster st.

25

- 26 Passenger in Veh #1... "I was looking down at my shoe lace, I heard a crash I looked up and saw the motorcycle. The  
27 light was green"

28

**29 General Information:**

- 30 During my investigation it appeared that Opr #1 caused the collision when he failed to stop and ran the red light in  
31 violation of 21453a CVC. A citation E0021026 was completed after the investigation. Attached to the report is a copy  
32 of the citation.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
L. J. HENDERSON	1420	03/20/2014	SGT HARRELL #918	03/20/2014



STATE OF CALIFORNIA

**NARRATIVE/SUPPLEMENTAL**

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DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
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1

2 **Summary:**

3 This investigation supports a finding of fault in this collision based on the statements of the involved parties, witnesses  
4 and physical evidence. It has been determined that Opr #1 caused this collision in violation of 21453a-CVC: A driver  
5 facing a steady circular red signal alone shall stop at a marked limit line, but if none, before entering the crosswalk on  
6 the near side of the intersection or, if none, then before entering the intersection, and shall remain stopped until an  
7 indication to proceed is shown, except as provided in subdivision (b).

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SFPD Crime Information Services Unit (415) 575-1132

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L. J. HENDERSON	1420	03/20/2014	SGT HARRELL#918	03/20/2014

